
CHESTER COUNTY SOIL CONSERVATION SCHOLARSHIP

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPOSED COLLEGE MAJOR: _____

HIGH SCHOOL GPA: _____ ACT: _____

PARENT(S) OR GUARDIAN(S) NAME: _____

CLUBS AND ORGANIZATIONS (Please note any offices held): _____

I AM MAJORING IN THE AGRICULTURE FIELD BECAUSE (attach page if necessary): _____

CAREER GOALS AND OBJECTIVES: _____

****Please attach a short essay explaining your need and desire for this scholarship on an attached page****